



STATE OF MARYLAND

# DMMH

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**October 28, 2008**

## **Public Health & Emergency Preparedness Bulletin: # 2008:43** **Reporting for the week ending 10/25/08 (MMWR Week #43)**

### **CURRENT HOMELAND SECURITY THREAT LEVELS**

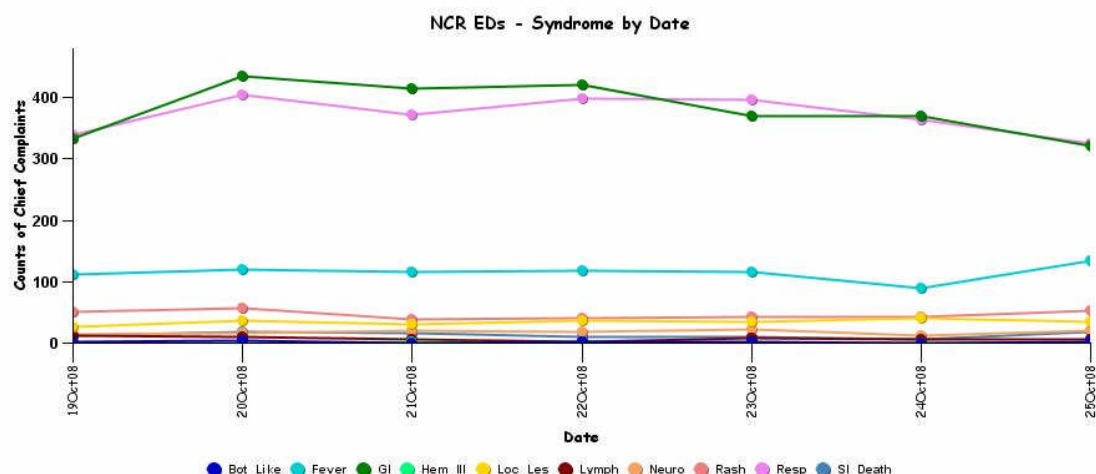
**National:** Yellow (ELEVATED) \*The threat level in the airline sector is Orange (HIGH)  
**Maryland:** Yellow (ELEVATED)

### **SYNDROMIC SURVEILLANCE REPORTS**

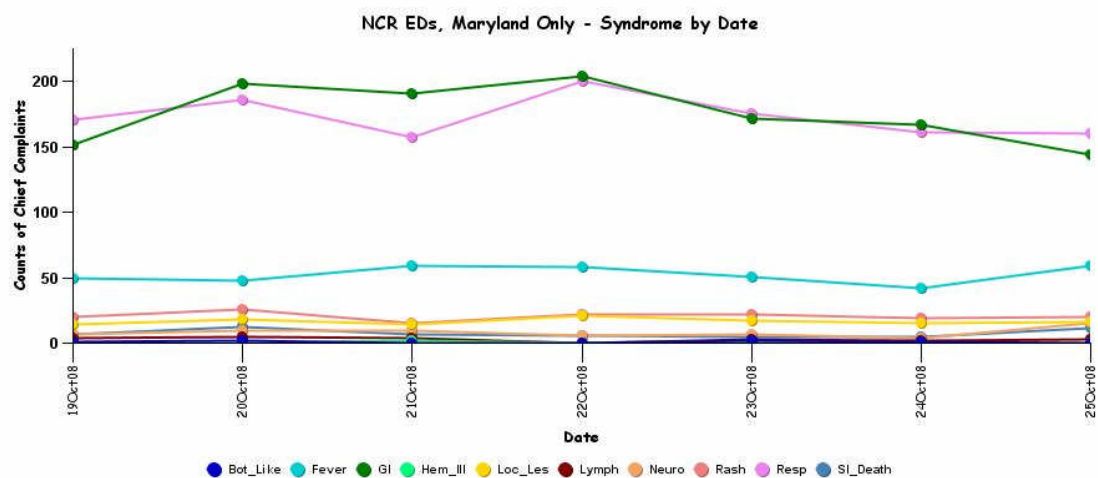
#### **ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):**

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

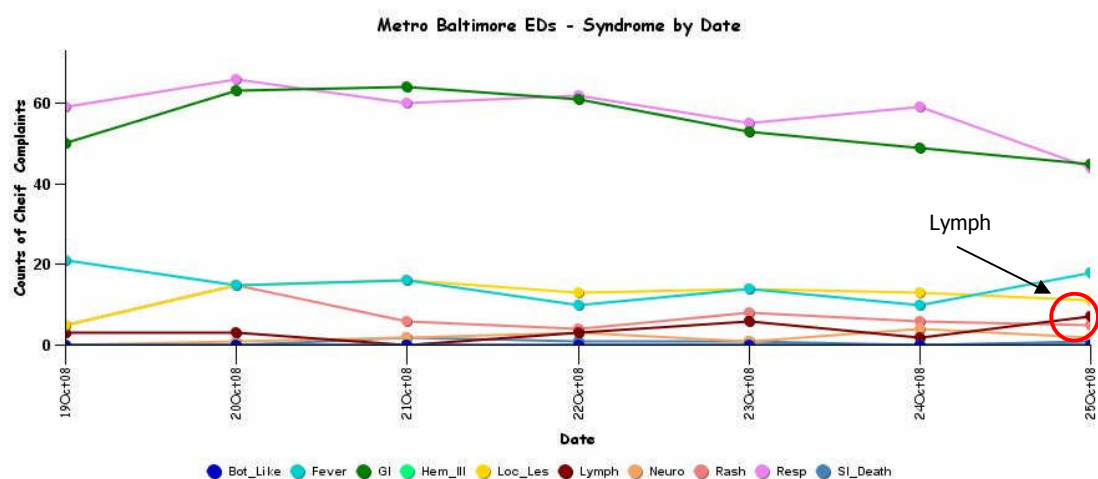
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



\* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system

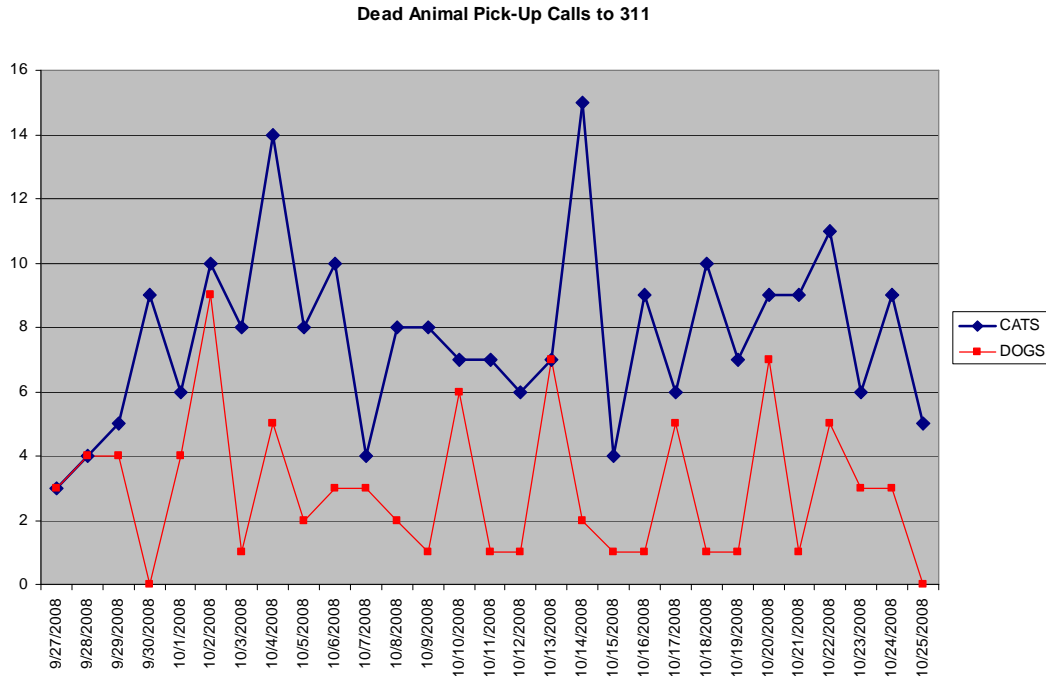


\* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



\* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

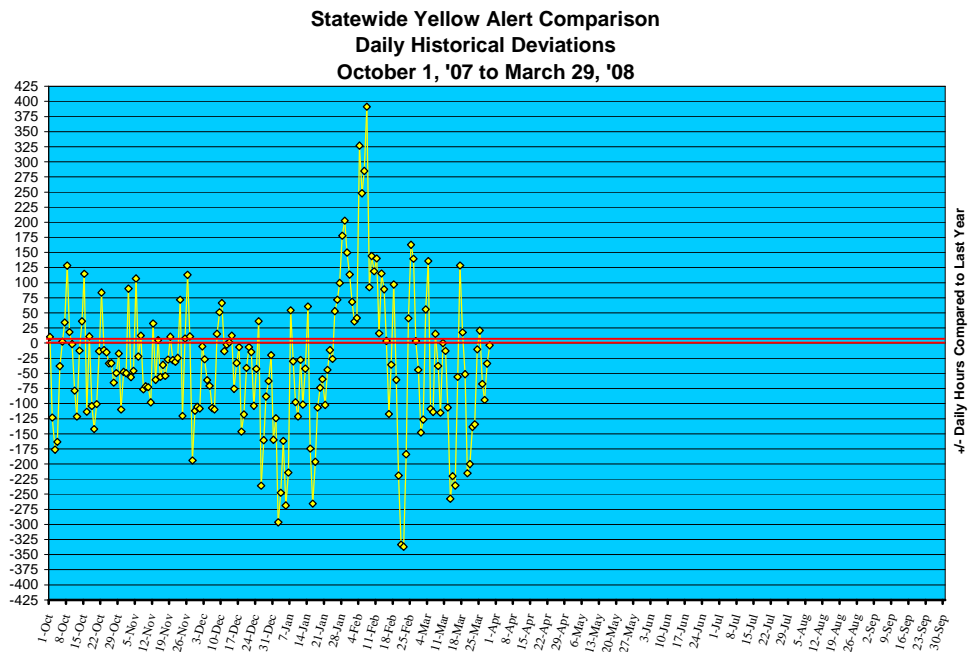
**BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT:** No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.



#### REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/06.

\*Note: No new data available at this time.



## **REVIEW OF MORTALITY REPORTS**

**Office of the Chief Medical Examiner:** OCME reports no suspicious deaths related to BT for the week.

## **MARYLAND TOXIDROMIC SURVEILLANCE**

**Poison Control Surveillance Monthly Update:** Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in September 2008 did not identify any cases of possible terrorism events.

## **REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS**

### **COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):**

<b>Meningitis:</b>	<b><u>Aseptic</u></b>	<b><u>Meningococcal</u></b>
New cases (Oct 19 - 25, 2008):	11	0
Prior week (Oct 12 - 18, 2008):	9	0
Week#43, 2007 (Oct 21 - 27, 2007):	13	0

### **2 outbreaks were reported to DHMH during MMWR Week 43 (Oct. 19- Oct. 25, 2008):**

#### 1 Gastroenteritis outbreak

1 outbreak of GASTROENTERITIS associated with an Assisted Living Facility

#### 1 Respiratory illness outbreak

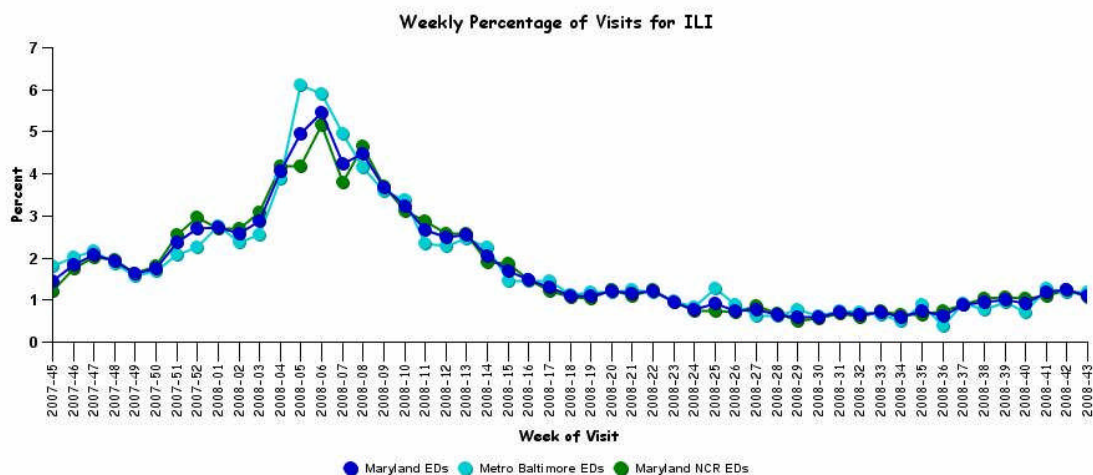
1 outbreak of PERTUSSIS associated with a School

### **MARYLAND SEASONAL FLU STATUS:**

Seasonal Influenza reporting occurs October through May. There were no lab-confirmed cases of influenza reported to DHMH during Week 43.

## **SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:**

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO Pandemic Influenza Phase:** Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

**US Pandemic Influenza Stage:** Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

\*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmmh.state.md.us/flu.htm>

**WHO update:** As of September 10, 2008, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 387, of which 245 have been fatal. Thus, the case fatality rate for human H5N1 is about 63%.

**AVIAN INFLUENZA (GERMANY):** 22 Oct 2008. Highly pathogenic avian influenza virus H5N1 has been detected in clinically healthy ducks in a mixed poultry holding in Saxony, Germany. 30 oropharyngeal swabs from geese and ducks had been sampled for routine monitoring purposes. A single duck tested positive for HPAIV H5N1, and the cleavage site sequence was confirmed as GERRRKKR\*GLF on 9 Oct 2008. Subsequently, 157 additional duck samples were obtained and revealed a further 24 H5N1 positives, of which 9 had sufficient viral loads to be confirmed as HPAIV. All poultry were culled. No more cases have been detected up to now in contact farms or in wild bird samples obtained from this region. Preliminary sequence and phylogenetic analysis of the HA gene from 4 duck samples gave evidence for a representative of a cluster 2.2 sublineage which had been detected in spring 2006 in Southern Germany. In fact, a virus from a tufted duck (R1240/06; Starick et al., 2008) found in 2006 40 km away from the present outbreak location is very closely related. So far, there are no records for the presence of viruses of this sublineage after May 2006 in Germany and Europe. In summary, the data suggest a very recent introduction of HPAIV H5N1 into this farm from an as yet unknown source. In parallel, LPAIV H5 infections have been detected in waterfowl in the zoo of Leipzig, Saxony and in a small mixed poultry holding near Leipzig. These viruses turned out to be typical representatives of Eurasian H5 LPAIV currently also detected in aquatic wild birds in Germany. Poultry at the LPAIV-affected holdings had been culled as well.

**AVIAN INFLUENZA (BANGLADESH):** 19 Oct 2008. Bangladesh authorities said on Sunday [19 Oct 2008] they have detected fresh bird flu at a poultry farm 4 months after the deadly virus was last reported in the country. Livestock department spokesman Salahuddin Khan said at least 300 birds were destroyed in a farm in the northern Naogaon district last week after the deadly H5N1 strain of avian influenza was detected. "We have already taken extra surveillance measures across the country," he said. "Farmers have been told to step up bio-security." Mr Khan said the outbreak was the 1st in 4 months, with the virus becoming dormant at the onset of the summer but now coming back ahead of the cold season. Officials said the outbreak was a warning for the country's USD 1.5 billion poultry industry. Bangladesh was hit by bird flu in February 2007, and the virus made another comeback in January this year [2008]. At the outbreak's peak, some 50 of the country's 64 districts were affected, and more than a million birds were slaughtered. Bangladesh's poultry industry is one of the world's largest, producing 220 million chickens and 37 million ducks annually. Industry officials said the bird flu outbreak at its peak early this year [2008] led to closure of 40 per cent of the nation's poultry farms and left half a million workers jobless. The country also reported its 1st confirmed case of human bird flu in May 2008, but the government said the 16-month-old baby who contracted the virus had recovered.

## **NATIONAL DISEASE REPORTS:**

**E. COLI O157 (WASHINGTON):** 22 Oct 2008. Of 17 cases of \_E. coli\_ [O157:H7] infection in Snohomish County, 13 have been linked to a Lake Stevens restaurant, according to the Snohomish Health District. The 13 people ate at Ixtapa Restaurant between 2 and 13 Oct 2008, said Suzanne Pate, a health district spokeswoman. People began feeling the onset of the illness between 7 and 17 Oct 2008. The Mexican restaurant was closed Tuesday [21 Oct 2008] and is cooperating with health inspectors, who will oversee its sanitizing and disposal of opened food products, Pate said. The restaurant staff declined to comment. The cases were first reported last week [week of 13 Oct 2008]; 2 people were hospitalized briefly, but both are now recovering at home. The 13 people who became ill after eating at the restaurant range in age from 9 to 75. Health inspectors continue to interview those who became ill to determine what sickened them. Of the 4 others believed to have the infection, 3 have no connection to the restaurant. The other has not yet been interviewed, Pate said. Where they may have contacted in infection is unknown. No new cases have been reported in Snohomish County since Mon 20 Oct 2008. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

## **INTERNATIONAL DISEASE REPORTS:**

**ANTHRAX, BOVINE (SLOVENIA):** 23 Oct 2008. Slovenian veterinary services confirmed on Wednesday [22 Oct 2008] another case of anthrax just several days after 4 cows were found to have died of anthrax on a farm in eastern Slovenia. A bull on a farm 7 kilometers (4.4 mi) away from the original outbreak was infected with the disease, the National

Veterinary Administration said in a statement, adding that the most likely cause of the infection is contaminated fodder. The vets have banned the farm in Kamna Gora, 30 kilometers (18.6 mi) southwest of Maribor, from selling or slaughtering animals and spreading manure on meadows, Slovenian news agency STA reported. A disinfecting barrier has also been set up and other measures taken. On Friday [17 Oct 2008], Slovenian veterinary services confirmed reports of the death of 4 cows caused by anthrax at a [farm in] the village of Zice near Slovenske Konjice in northeastern Slovenia. The Veterinary Administration said there have been almost 80 cases of anthrax in Slovenia in the past 50 years, the last case before the latest outbreak recorded in 2001. The health authorities were quick to play down people's fears about the disease, saying the disease could be contracted by humans only when people are [exposed to] infected meat. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**E. COLI O157, RESTAURANT (CANADA):** 23 Oct 2008. The number of people who became sick with *E. coli* O157 after eating at a Harvey's restaurant in North Bay, ON, has jumped to 36, the Ontario region's health authority reported Wednesday [22 Oct 2008]. The North Bay/Parry Sound District Health Unit said in a statement that it was now investigating a total of 190 *E. coli* cases, 36 of which have been lab-confirmed to have originated from the fast-food restaurant. These new cases show a dramatic increase from the number of cases reported earlier this week. "We believe the increase in the number of cases is largely due to people who are still reporting symptoms and are within the expected time frame of the outbreak," the statement released late Wednesday [22 Oct 2008] said. The total number included 8 cases in other Ontario health unit districts and one in Quebec. The majority were linked to the North Bay Harvey's restaurant, which has been closed since last Sunday [19 Oct 2008]. The *E. coli* patients range in age from 12 months to 90 years, the health unit said. Food samples taken from the restaurant on the night it was closed have tested negative for the bacteria. (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**Q FEVER (NETHERLANDS):** 23 Oct 2008. Minister of Agriculture, Nature and Food Quality (LNV), Verburg, announced that [the animals] in the large sheep and goat dairy farms will be vaccinated against Q-fever, starting Monday 20 Oct 2008. Vaccine for other farms and holdings will become available on 3 Nov 2008, but in view of the limited availability of the vaccine, it will also be available only within 45 km (28 mi) around the outbreak in Uden, where most human cases have occurred as well. There are 80 000 doses of vaccine available. As each animal must be vaccinated twice, a total of 40 000 animals can be vaccinated. The number of Q-fever cases detected in humans in Brabant during 2008 exceeds any previously known figures. Most of these infections were subclinical or expressed mild flu symptoms, but infections have also led to pneumonia, sometimes requiring hospitalization. The minister has opted for a vaccination program [of animals] to prevent human Q fever infection. She does this in addition to the measures already taken [regarding animals], namely mandatory disease reporting, manure handling steps, and hygiene-related advice. Due to the limited availability of the vaccine and in order to obtain a meaningful evaluation of the vaccination's effect, until 2 Nov 2008 it will be limited to the 45 km radius area, within which it will be applied in commercial sheep and goat dairy farms with at least 50 animals, and children's farms. From 3 Nov 2008, other sheep and goat farms will be allowed vaccination in the vicinity of Uden. For this end, farmers are advised to contact their veterinarians. The vaccine is not yet officially registered, but the Bureau of Animal Health Preparations has studied and approved all safety aspects related to its field application. On this basis, the Ministry of Agriculture has granted an exemption for the use of this vaccine until 31 Dec 2008. The vaccine is provided by the Ministry of Agriculture free of charge. The costs of application of the vaccines by a veterinarian are to be borne by the animal owners. The general veterinary requirements regarding registration, listing, and bookkeeping are applicable. The vaccine is distributed, at the request of farmers, by the Food and Consumer Product Safety Authority (VWA). (Q Fever is listed in Category B on the CDC list of Critical Biological Agents) \*Non-suspect case

**ANTHRAX, HUMAN (KYRGYZSTAN):** 20 Oct 2008. New patients with anthrax are being registered in Kyrgyzstan. Recently, a 36-year-old habitant of Aksiskiy [Aksy district] region of the Jalal-Abad oblast has been hospitalized on suspicion of skin anthrax. He is the 45th patient with anthrax in the south of the country and 47th in all Kyrgyzstan this year [2008]. One patient has died and dozens are under medical supervision. The alarming epizootic situation in Kyrgyzstan, especially in the southern regions of country, was the reason to call a multiagency meeting in Bishkek. Leading specialists of several agencies stated that the current problems are the result of neglect by officials of their duties in many agencies, lack of security measures, and indifference of people towards their health. The head sanitary doctor of the republic, Sabirjan Abdilarimov, listed several delinquencies: for example, vaccines in the Naukatskoe [Naukat district] region [of Osh oblast] were kept in a cellar at 20 deg C (68 deg F); in some cases an unknown liquid was used as a solvent for the vaccine; and single-use syringes were used several times. There has been much criticism of the fact that after the appearance of suspected anthrax, measures have been taken only after 15 days. Burial of dead animals is not perfect and safety measures are not being implemented. In addition, a large problem is soil niduses of anthrax. There are 245 of those in the Osh oblast and 353 in Jalal-Abad. Many dangerous areas are swept by flooding and landslides. Many infected areas are uncontrolled, as in the Nookenskoe [Nookan district] region of Jalal-Abad oblast, where only 3 out of 50 burial sites are covered by concrete. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**OTHER RESOURCES AND ARTICLES OF INTEREST:**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmd.state.md.us/>

Resident Influenza Tracking System: [www.tinyurl.com/flu-enroll](http://www.tinyurl.com/flu-enroll)

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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